

## Appendix III

### **Uniform Data Definitions FY2004 State Reports**

**Revised**

**November 2004**

## Center for Mental Health Services: **Uniform Data Definitions**

The CMHS uniform data reporting system is organized around a common set of data elements, standardization of service names, and definitions. The list below summarizes the key definitions.

| <b>Word</b>                      | <b>Definition</b>   |
|----------------------------------|---|
| Activity Therapy                 | Includes art, dance, music, recreational and occupational therapies, and psychodrama.   |
| Access                           | Access refers to the degree to which services are quickly and readily available.  |
| Addition                         | The number of persons admitted, readmitted, or transferred to a specified service during the reporting period.  |
| American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment.   |
| Appropriateness                  | Appropriate services are those that are individualized to address a client's strengths and weaknesses, cultural context, service preferences, and recovery goals.   |
| Asian                            | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.   |
| Assertive Community Treatment    | A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (Mental Health: A Report of the Surgeon General, December, 1999, Chapter 4, "Adults and Mental Health, Service Delivery, Assertive Community Treatment"). Additionally, HCFA recommended that state Medicaid agencies consider adding the service to their State Plans in HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999. |

| <b>Word</b>               | <b>Definition</b>   |
|---------------------------|---|
| Average Length of Stay    | This represents the average time a client receives a specified service during a specified time period. This is generally computed by counting all the days that clients received the service during the time period and dividing by the number of clients that received the service during the same period. (Days a person was on furlough or not receiving are not counted.)   |
| Behavioral Therapy        | Services provided based on the principles of learning theory and reinforcement paradigms. Includes behavior modification, relaxation training, aversive conditioning and biofeedback.   |
| Black or African American | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."   |
| Case Management Services  | Includes activities for the purpose of locating services other than services provided by your organization, linking the client/patient with these services, monitoring the client's/patient's receipt of these services on behalf of the patient/client. Case Management can be provided by an individual or a team; may include both face-to-face and telephone contact with the client/patient as well as contact with other service providers.   |
| Collateral Services       | Services that include contacts with significant others involved in the client's/patient's life for the purpose of discussing the client's/patient's emotional or behavioral problems or the collateral's relationship with the client/patient.  |
| Community Services        | Services that are provided in a community setting. Community services refer to all services not provided in an inpatient setting.   |
| Convenience Sample        | A sample where the consumers are selected, in part or in whole, at the convenience of the researcher. The researcher makes no attempt, or only a limited attempt, to insure that the sample is an accurate representation of some larger group or population. An example would be giving the consumer survey to all persons who attend services in a given week or month.   |
| Consumer Run Services     | Mental health treatment or support services that are provided by current or former mental health consumers. Includes social clubs, peer-support groups, and other peer-organized or consumer-run activities.  |
| Diagnostic Evaluation     | The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety, or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation. |

| <b>Word</b>                                   | <b>Definition</b>   |
|---|---|
| Discharge                                     | A discharge is the formal termination of service, generally when treatment has been completed or through administrative authority.  |
| Drop-in Center                                | A social club offering peer support and flexible schedule of activities: may operate on evenings and weekends.  |
| Dually Diagnosed                              | A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis.   |
| Education Services                            | Locating or providing a full range of educational services from basic literacy through the General Equivalency Diploma and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels.  |
| Electro-convulsive Therapy                    | A form of somatic treatment in which electrical current is applied to the brain through electrodes.   |
| Emergency                                     | A planned program to provide psychiatric care in emergency situations with staff specifically assigned for this purpose. Includes crisis intervention, which enables the individual, family members and friends to cope with the emergency while maintaining the individual's status as a functioning community member to the greatest extent possible.   |
| Employed                                      | This is a broad category of full or part time employment that includes competitive and supported employment.  |
| Employment/Vocational Rehabilitation Services | A broad range of services designed to address skills necessary for participation in job-related activities.   |
| Family-like arrangements                      | A broad range of living arrangements that simulate a family situation. This includes foster care and small group homes.   |
| Family/Couple Therapy                         | Planned therapeutic sessions involving the client/patient and other family members.   |
| Family Psychoeducation                        | Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psychoeducation programs may be either multi-family or single-family focused. Core characteristics of family Psychoeducation programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills. |

| <b>Word</b>   | <b>Definition</b>   |
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| Family Support Services   | Family support services are provided to help families cope with the extra stresses that accompany caring for a child or adult with mental illness so that family integrity and natural support systems for the client are maintained. Family support often keeps families together by assisting them with the practicalities of daily living and by attending to the needs of all family members. (HIPAA proposed definition)   |
| Foster Care   | Provision of a living arrangement in a household other than that of the client's/patient's family.  |
| General Hospital  | A hospital that provides mental health services in at least one separate psychiatric unit with specially allocated staff and space for the treatment of persons with mental illness.  |
| General Support   | Includes transportation, childcare, homemaker services, day care, and other general services for clients/patients.  |
| Group Therapy   | Planned therapeutic sessions involving group dynamics or interaction among a number of clients/patients.  |
| Hispanic or Latino  | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."   |
| Homeless  | The term "homeless individual" means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in a transitional housing. Persons homeless status should be reported for their most recent assessment (or their discharge status for persons no longer receiving services).   |
| Housing Services  | Assistance to clients/patients in finding and maintaining appropriate housing arrangements.   |
| Illness Self-Management (same as Illness Management or Wellness Management) | Illness Self-Management (also called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and rehospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness |

| <b>Word</b>   | <b>Definition</b>   |
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|   | self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.   |
| In Home Family Services   | Mental health treatment and support services offered to children and adolescents with mental illness and to their family members in their own homes or apartments.  |
| Individual Therapy  | Therapy tailored for a patient/client that is administered one-on-one.  |
| Information and Referral Services   | Information services are those designed to impart information on the availability of clinical resources and how to access them. Referral services are those that direct, guide, or link a client/patient with appropriate services provided outside of your organization.   |
| Intake/ Screening   | Services designed to briefly assess the type and degree of a client's/patient's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service. Services may include interviews, psychological testing, physical examinations including speech/hearing, and laboratory studies.   |
| Integrated Services for Persons with Mental Illness and Substance Abuse (same as Integrated Treatment for Co-occurring Disorders) | Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses. |
| Intensive Case Management   | Targeted case management services for adults with serious mental illnesses or children with serious emotional disturbances. Intensive case managers have much lower caseload sizes and higher levels of professional training than traditional case managers.   |
| Intensive Outpatient  | Services are provided in a concentrated manner. Intensive outpatient services include multiple group therapy sessions during the week, as well as individual and family therapy, consumer monitoring, and case management.  |
| Intensive Residential   | Intensively staffed housing arrangements for clients/patients. May Services include medical, psychosocial, vocational, recreational or other support services.  |
| Legal Advocacy  | Legal services provided to ensure the protection and maintenance of a client's/patient's rights.  |

| <b>Word</b>              | <b>Definition</b>  |
|--------------------------|--|
| Living Independently     | A client who lives in a private residence and requires no assistance in activities of daily living.  |
| Medicaid Client          | Mental health clients to whom some services were reimbursable through Medicaid.  |
| Medication Management    | <p>In the toolkit on medication management there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-based medication management approaches are the following:</p> <ol style="list-style-type: none"> <li>1. Utilization of a systematic plan for medication management</li> <li>2. Objective measures of outcome are produced</li> <li>3. Documentation is thorough and clear</li> <li>4. Consumers and practitioners share in the decision-making</li> </ol> |
| Medication Therapy       | Prescription, administration, assessment of drug effectiveness, and monitoring of potential side effects of psycho-tropic medications.   |
| MHA Administration       | Activities related to the planning, organization, management, funding, and oversight of direct services.   |
| MHA Data                 | These are activities to obtain, analyze, and report data for planning, collection/reporting management or evaluation purposes.   |
| MHA Other Activities     | Other specific non-direct service activities of State MHAs that further the provision of mental health services in the State.  |
| MHA Planning Council     | All activities that comply with the mandate of State MHAs to Activities form and operate a planning council to support the development of a strategic plan for mental health services and assess on-going operations.  |
| MHA Technical Assistance | Provision or sponsorship of training, education, or technical support in the planning, operation or management of public mental health programs in the State.  |
| MI and MR/DD Services    | Services designed to address the needs of people with both psychiatric illness and mental retardation or developmental disabilities.   |
| Mobile Treatment Team    | Provides assertive outreach, crisis intervention, and independent-living assistance with linkage to necessary support services in the client's/patient's own environment. This includes PACT, CTPP, or other continuous treatment team programs.   |
| More Than One Race       | A category of racial grouping for a person who reports multiple racial origins.  |

| <b>Word</b>                         | <b>Definition</b>  |
|-------------------------------------|--|
| Native Hawaiian or Pacific Islander | A person having origins in any of the original peoples of Hawaii, Other Pacific Islander, Guam, Samoa, or other Pacific Islands.   |
| New Generation Medications          | Anti-psycho tic medications which are new and atypical.  |
| Non-Institutional Services          | A facility that provides mental health services, but not on a residential basis, other than an inpatient facility or nursing home.   |
| Non-Medicaid Services               | Services other than those funded by Medicaid.  |
| Not In Labor Force                  | Persons who are not employed or actively looking for employment. This category includes persons who are retired, work in non-competitive employment settings such as sheltered workshops or other sheltered employment, plus others such as homemakers, students, volunteers, disabled, etc.   |
| Nursing Home                        | An establishment that provides living quarters and care for the elderly and the chronically ill. This includes assisted living outside a nursing home.   |
| Outcomes                            | Outcomes are reflected by the extent to which services provided to individuals with emotional and behavioral disorders have a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.  |
| Peer Support                        | These include a wide range of supports, services, and advocacy provided by peers (mental health treatment consumers) to other peers. These services may include but are not limited to: self-help support groups, telephone support lines, drop-in centers, residential programs, outreach services, education, and advocacy. (HIPAA proposed definition).                                   |
| Psychiatric Emergency Walk-in       | A planned program to provide psychiatric care in emergency situations with staff specifically assigned for this purpose. Includes crisis intervention, which enables the individual, family members and friends to cope with the emergency while maintaining the individual's status as a functioning community member to the greatest extent possible and is open for a patient to walk-in. |
| Psychosocial Rehabilitation         | Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, skills training includes grooming, bodily care, feeding, social skills training, and development of basic language skills.  |
| Random Sample                       | A sample that is selected so that each member of the population has an equal chance of being surveyed.   |



| <b>Word</b>                        | <b>Definition</b>  |
|------------------------------------|--|
| Residential Services               | Services provided over a 24-hour period or any portion of the day which a patient resided, on an on-going basis, in a State facility or other facility and received treatment.   |
| Respite Services (Non-Residential) | Services to temporarily substitute for primary caregivers to maintain clients in outpatient settings. Services may be provided in a client's home or in the community. These are non-residential services.   |
| Respite Residential Services       | Provision of periodic relief to the usual family members and friends who care for the clients/patients.  |
| Retired                            | Clients who are of legal age, stopped working and have withdrawn from one's occupation.  |
| School Attendance                  | Physical presence of a child in a school setting during scheduled class hours. "Regular" school attendance is attendance at least 75% of scheduled hours.  |
| School-Based Services              | School-based treatment and support interventions designed to identify emotional disturbances and/or assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed children, adolescents, and their families within the school, home and community environment.   |
| Serious Emotional Disturbance      | Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.   |
| Serious Mental Illness             | Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425. |

| <b>Word</b>              | <b>Definition</b>   |
|--------------------------|---|
| State Coverage           | The total unduplicated count of mental health patients/clients served through State programs, exclusive of Medicaid and Other Coverage.   |
| State Hospital           | A publicly funded inpatient facility for persons with mental illness.   |
| Stratified Random Sample | A form of random sampling that allows you to represent the whole state more accurately by ensuring that certain sub-populations are represented proportionately to the whole population. Individuals in various sub-population groups are randomly sampled to assure adequate numbers of responses within those population groups.  |
| Substance Abuse          | Misuse of medications, alcohol or other illegal substances.   |
| Supported Employment     | Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.  |
| Supported Housing        | <p>Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.</p> <p>Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.</p> |

| <b>Word</b>               | <b>Definition</b>  |
|---------------------------|--|
| Supportive Residential    | Moderately staffed housing arrangements for clients/patients. Services. Includes supervised apartments, satellite facilities, group homes, halfway houses, mental health shelter-care facilities, and other facilities.  |
| Telephone Hotline         | A dedicated telephone line that is advertised and may be operated as a crisis hotline for emergency counseling or as a referral resource for callers with mental health problems.  |
| Therapeutic Foster Care   | Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed. |
| Unduplicated Counts       | Counting a client/patient and their services uniquely. Unduplicated counts can exist at different levels: a program, a local system of care, or at the State level.  |
| Unemployed                | Not currently employed. This could include people looking for work, or people engaged in other activities such as homemakers, students or volunteers.  |
| Unmet Needs               | Identified treatment needs of the people that are not being met as well as those receiving treatment that is inappropriate or not optimal.   |
| Vocational Rehabilitation | Services that include job finding/development, assessment and Services enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.  |
| White                     | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |
| Wraparound Services       | A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.   |